

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	11-22-00
FORMALITY REVIEW	SS	50877	12-29-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5-14-03
2	✓	✓	6-10-04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
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27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	11-21-02
52	✓	✓	5-14-03
53	✓	✓	6-10-04
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	✓	✓	
62	✓	✓	
63	✓	✓	
64	✓	✓	
65	✓	✓	
66	✓	✓	
67	✓	✓	
68	✓	✓	
69	✓	✓	
70	✓	✓	
71	✓	✓	
72	✓	✓	
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92	✓	✓	
93	✓	✓	
94	✓	✓	
95	✓	✓	
96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	5-14-03
102	✓	✓	6-10-04
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
109	✓	✓	
110	✓	✓	
111	✓	✓	
112	✓	✓	
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114	✓	✓	
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122	✓	✓	
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125	✓	✓	
126	✓	✓	
127	✓	✓	
128	✓	✓	
129	✓	✓	
130	✓	✓	
131	✓	✓	
132	✓	✓	
133	✓	✓	
134	✓	✓	
135	✓	✓	
136	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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